2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000960

FILED Apr 23, 2009 Secretary of State

Entity Name: PHYSICIAN'S ENROLLMENT & CREDENTIALING SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

1570 SHEFFIELD TENN 1570 SE SHEFFIELD TERRACE

#204 #204

STUART, FL 34994 STUART, FL 34994

Current Mailing Address: New Mailing Address:

1570 SHEFFIELD TENN 1570 SE SHEFFIELD TERRACE

#204 #204 STUART, FL 34994 #204 STUART, FL 34994

FEI Number: 30-0018610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAMERON, KATHY DAMERON, KATHY

1570 SE SHEFFIELD TERRACE 1570 SE SHEFFIELD TERRACE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PVST (X) Change () Addition

Name: DAMERON, KATHY L Name: DAMERON, KATHY L

Address: 1570 SE SHEFFIELD TENN #204 Address: 1570 SE SHEFFIELD TERR #204

City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY DAMERON P 04/23/2009